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| Examiner Konata George<br>USPTO | 571-272-0613 | 571-273-8300 |

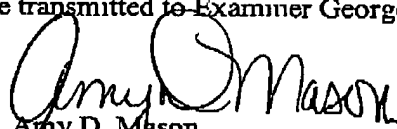
**From :** Courtenay C. Brinckerhoff  
**Date :** January 25, 2005  
**Client/Matter No :** 025217-0122  
**US Serial No.** 10/759,303  
**User ID No :** 0801

**MESSAGE:****ATTACHED FOR FILING ARE THE FOLLOWING DOCUMENTS:**

1. Amendment Transmittal (3 pages)
2. Preliminary Amendment Under 37 CFR 1.111 (3 pages)
3. Terminal Disclaimer with Exhibits A and B (15 pages)
4. Request for Corrected Filing Receipt (2 pages)
5. Copy of Filing Receipt ( 2 pages)
6. Supplemental Application Data Sheet (2 pages)

I hereby certify that these papers are being facsimile transmitted to Examiner George, at USPTO, on this date.

January 25, 2005

  
Amy D. Mason  
Secretary for Courtenay C. Brinckerhoff

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JAN 25 2005

Atty. Dkt. No. 025217-0122

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

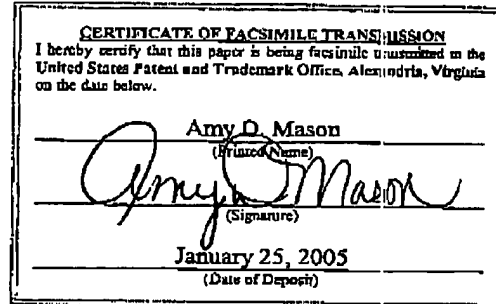
Applicant: Barry Leonard REED et al.  
Title: DERMAL PENETRATION  
ENHANCERS AND DRUG  
DELIVERY SYSTEMS  
INVOLVING SAME

Appl. No.: 10/759,303

Filing Date: 01/20/2004

Examiner: Konata George

Art Unit: 1616



**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ X ] Request for Corrected Filing Receipt  
[ X ] Copy of Filing Receipt  
[ X ] Supplemental Application Data Sheet  
[ X ] The fee required for additional claims is calculated below:

|                                                      | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate     |   | Additional<br>Claims Fee |
|------------------------------------------------------|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims:                                        | 19                      | - | 35                     | = | 0                          | x | \$50.00  | = | \$0.00                   |
| Independent<br>Claims:                               | 2                       | - | 3                      | = | 0                          | x | \$200.00 | = | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         |   |                        |   |                            | + | \$360.00 | = | \$0.00                   |
| CLAIMS FEE TOTAL                                     |                         |   |                        |   |                            |   |          |   | \$0.00                   |

Atty. Dkt. No. 025217-0122

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|                                                                                       |            |          |
|---------------------------------------------------------------------------------------|------------|----------|
| <input type="checkbox"/> Extension for response filed within the first month:         | \$120.00   | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the second month:        | \$450.00   | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the third month:         | \$1,020.00 | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the fourth month:        | \$1,590.00 | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the fifth month:         | \$2,160.00 | \$0.00   |
| EXTENSION FEE TOTAL:                                                                  |            | \$0.00   |
| <input checked="" type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$130.00   | \$130.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:                                           |            | \$130.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):               |            | \$0.00   |
| TOTAL FEE:                                                                            |            | \$130.00 |

- ☒ Please charge Deposit Account No. 19-0741 in the amount of \$130.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$130.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Atty. Dkt. No. 025217-0122

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

1/25/05

FOLEY & LARDNER LLP

Customer Number: 22428

Telephone: (202) 672-5404

Facsimile: (202) 672-5399

By Courtenay C. Brinckerhoff

Courtenay C. Brinckerhoff

Attorney for Applicant

Registration No. 37,288

Atty. Dkt. No. 025217-0122

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

**Applicant:** Barry Leonard REED et al.

**Title:** DERMAL PENETRATION  
ENHANCERS AND DRUG  
DELIVERY SYSTEMS  
INVOLVING SAME

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**JAN 25 2005**

**Appl. No.:** 10/759,303

**Filing Date:** 01/20/2004

**Examiner:** Konata George

**Art Unit:** 1616

**PRELIMINARY AMENDMENT UNDER 37 CFR 1.115**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Sir:**

Prior to examination of the present Continuing Application, Applicant respectfully requests that the application be amended as follows:

**Amendments to the Specification begin on page 2 of this document.**

**Remarks/Arguments begin on page 3 of this document.**

**Please amend the application as follows:**